

Texas Funeral Service Commission

Crematory Renewal

If this crematory has changed name, location or ownership, STOP! You may not renew this license. You MUST complete a NEW application for licensure.

- ☐ Renewal Fee - \$537.00 (Must be received prior to license expiration)
- ☐ Late Renewal Fee - \$1,058.00

Crematory Name _____ License # _____

Physical Address _____
(street) (city) (zip)

Mailing address (if different from above) _____

Telephone Number _____ Fax Number _____

Email Address _____

TYPE OF BUSINESS

- ☐ Sole ownership / Name: _____
- ☐ Partnership / Name: _____
- ☐ Corporation / Name: _____

List names and addresses of the sole owner, partners, or officers of the corporation (attach additional sheet if necessary).

Name _____

Title _____

Address _____

Name _____

Title _____

Address _____

Name _____

Title _____

Address _____

CERTIFIED OPERATOR

Name: _____ Certification #: _____

Each crematory is required by law to designate a Certified Operator who is ultimately responsible for compliance with all mortuary, health and vital statistic laws in the establishment. Any changes in the designation must be filed with the Commission within fifteen (15) days of the change.

EMPLOYEE LISTING

Certified personnel employed and active in this crematory (attach additional sheet if necessary):

Name _____ Certification # _____
Name _____ Certification # _____
Name _____ Certification # _____
Name _____ Certification # _____

CRIMINAL HISTORY

1. Within the last 12 months has any person associated with the facility been convicted of a felony? Yes ___ No ___
2. Within the last 12 months has any person associated with the facility been convicted of a misdemeanor related to funeral directing/embalming? Yes ___ No ___
3. Within the last 12 months has the facility and/or the EIC been the subject of administrative action by the Commission? Yes ___ No ___ If Yes, please indicate the Complaint Case Number: _____

If you answered yes to any of the above questions, please explain in detail. Attach additional pages if necessary.

As the owner or officer of the crematory, I affirm the statements and information contained in this renewal application are true and correct.

Signature

Title

Before me, the undersigned, a notary public in and for the State of Texas, on this day personally appeared _____, known to me, who by me being placed under oath, disposes and says that he/she is the _____ (title) of the _____ (establishment).

Subscribed and sworn to before me this _____ day of _____ 20_____.

(SEAL)

Notary Public in and for the State of Texas

My commission expires _____